FOI 00000 1283

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL			
(Bi	usiness Entity Name)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer				





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2024 DEC 18 AM 11: 12

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 825717 8185854

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 11, 2024

ORDER TIME : 10:02 AM

ORDER NO. : 825717-097

CUSTOMER NO: 8185854

CHANGE OF AGENT

NAME: MOVE SALES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	organized under the law	s of the State o	of	
1. The name of t	he corporation: MOVE SALES, IN	IC.			
2. The principal	office address: 901 E. 6th St. Suit	e 500 Austin, TX 78702			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 03/07/2001	Document n	umber: F010	00001283	3
	I street address of the current regis tment of State: (If resigned, enter	2	d office on file	with the	
	CT CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RE				
	PLANTATION	FL	33324		
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and	/or registered	office	
	Corporation Service Company				
	1201 Hays Street				
		P.O. Box NOT acceptable		_	
	Tallahassee	FL	32301		
The street addre as changed will	ess of its registered office and the be identical.	street address of the bus	siness office of	f its regist	ered agent.
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of di seen notified in writing o	irectors or by a f the change.	an officer	so
plulant H.	S.a.	MICHAEL L. BUNI	DER, SENIOF	R VICE P	RESIDENT
Signatur	Signature of an officer or director Printed or typed name and to		d title		
I further agree to of my duties, an document is beil corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c n Service Company	all statutes relative to the the obligation of my posi- ge in the registered office	e proper and c tion as registe	re&dvent	⇔Or. if this
<u>Ву: </u>	Irace 2-Kuby	12/17/2024		AA	-
_	nature of Registered Agent		Date	SSV O.A	P
If signing on be	half of an entity:			Him Miss	
	BY, ASST. VICE PRESIDENT	-		四层	<u> </u>
·	* * * FIL1	NG FEE: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314